

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|---------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/10/05</u> | | 2 Serial/Patent # <u>10/518040</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>100</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> | | | 2 | 1 | -- | 0 | 5 | 5 | 0 |
| 2 | 1 | -- | 0 | 5 | 5 | 0 | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| <i>Fee Code Correction</i> | | | | | | | | | | | |
| <i>1632 \$500 to</i> | | | | | | | | | | | |
| <i>1642 \$400</i> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>B. Campbell</u> | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: <u>BAC</u> | | PHONE: _____ | | | | | | | | | |
| OFFICE: <u>PCT/DOJEO</u> | | | | | | | | | | | |
| ***** | | | | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | | |
| APPROVED: _____ | | DATE: <u>06/13/2005</u> BCAMPBEL <u>12/22/2004</u> GREFY1 <u>00000154</u> <u>210550</u> <u>10510040</u> 02 FC:1632 500.00 CR | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: